



THE COMMONWEALTH OF MASSACHUSETTS
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00



PLEASE NOTE: To check the boxes, select the box with your cursor and right-click on it. Go to **Properties**. Under **Default Value** select **Checked**.

1. Date of Request: Date sent to 250 Washington	2. Travel Request #: LEAVE BLANK	3. Department/Division: Always type as: DPH / SLI / Lab Bureau	4. DEPT/ORGN: 8300	5. Appropriation No.: List ORG and PIC code if applicable
6. Name of Traveler(s): Write your full name		7. Title(s): List your title – functional or practical		8. Dates of Travel: List the leave date and return date
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee.) Cut and paste the text from your Travel Justification memo into this section. Set the font to size 8. <input type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached.				
Signature of Bureau Director/Assistant Commissioner/Hospital Director Dr. Al DeMaria will sign and date			Date:	

10. Estimated Expenses:	Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) Mileage for personal cars is .40 cents per mile. You must submit receipts for tolls and parking. <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Car: State <input type="checkbox"/> Personal <input type="checkbox"/> Rental <input type="checkbox"/>				
Lodging: List the amount per night and the number of nights. Remember to include tax.				
Meals: Meal allowances are mandated according to union contract. If you do not know your union allowance, please call Austin Nagle.				
Other: (please list): This section should include expenses such as course/conference registration. You may not list expenses as "Miscellaneous" – all expenses must have a specific use.				
Sub Total(s) Calculate sub-total for each column				
Grand Total	Total for all expenses			

PLEASE NOTE:
If you are using **State/Federal** funds, you must specify what account in **Section 5**.
If using **Private Funds**, complete **Section 12** and leave Section 5 blank.

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: If more than one DPH staff person is traveling to a meeting, list the other traveler's name, title, and funding source. Not Applicable <input type="checkbox"/>

12. Privately Subsidized Travel Information: Please fill out this section completely if applicable Not Applicable <input type="checkbox"/>	
Name of Contact Person: Fill out each line in this section Company: Address: Business Activity: Telephone Number:	Describe all activities offered and intent to participate: Write a brief description of the meeting/conference/training Relationship Between Private Party and the Commonwealth: Please note if the private party does business or has a grant with DPH

13. Certifications and Authorizations	
I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler _____ Date: _____ The Traveler will sign and date	
I hereby certify that sufficient funds are available for the above described travel accommodations. <input type="checkbox"/> Delegation from Secretary granted. Signature of Department Head or Designee: _____ Title: _____ Date: _____ If approved by the DPH Commissioner's Office, the Chief of Staff will sign and date	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved With Modifications - <input type="checkbox"/> Comments Attached	
Signature of Cabinet Secretary: _____ Date: _____ If approved by DPH, EOHHS will sign and date	

TRAVEL AUTHORIZATION FORM (Form TAF) - INSTRUCTIONS

Travelers should receive fare and rate estimates from the statewide contract travel agents. (See *OSD Update 97-1, Statewide Contract for Travel Services*, for contractor information) If travel is being subsidized, or partially subsidized by a private party, shaded areas must be completed to comply with 801 CMR 7.00. Travel itinerary and other details need only be completed to the extent that each Department's internal control policies are satisfied.

1. Date of Request: Date the form is executed by traveler.
2. Travel Request #: Departmental Fiscal Officer may insert internal control or sequence number for audit/tracking purposes.
3. Department/Division: Insert the name of your department and division.
4. DEPT/ORGN: Insert traveler's Departmental MMARS three-letter code and four-digit Organization Number.
5. Appropriation Number: Insert the appropriation number against which travel purchases are to be encumbered and expended.
6. Name(s) of Traveler(s): List travelers if itineraries are the same, **EXCEPT in the case of privately subsidized travel, where an individual form for each traveler is required.**
7. Title(s): Position/Title of each traveler.
8. Dates of Travel: List the dates of travel.
9. Travel Itinerary and Justification: The traveler should provide the destination and a brief summary of the trip itinerary. State the sponsoring organization. To comply with 801 CMR 7.00, privately subsidized travel must be for an express benefit for the employee in an official capacity and for the Commonwealth. State what those benefits are. Supporting documentation may be attached.
10. Estimated Expenses:
 - Private Funds: Indicate the total funding for this trip on behalf of the state traveler from a private source pursuant to 801 CMR 7.00.
 - State/Fed Funds: Indicate the total funds that will be expended by the Department on behalf of the state employee traveler, either in direct payment to a travel service vendor, charge account vendor, or through employee reimbursements.
 - Personal Funds: Indicate the amount of personal funds that are to be used (required by 801 CMR 7.00).
 - Transportation: Include the total round-trip travel fare for a common carrier (air, rail bus, etc.). If using a personal vehicle, indicate the rate per mile that is reimbursable under the relevant provisions of current Collective Bargaining Agreements for union members or applicable Rules for non-union employees.
 - Lodging: Include the total hotel room and tax expenditure. Use more than one line if more than one hotel property is used.
 - Meals: Indicate the total reimbursable amount for meals. It is not necessary to break out the individual amounts for each meal. This will be accounted for in attached receipts and departmental internal control procedures.
 - Other: State type and expense of any anticipated expenses not otherwise named, such as telephone calls.
 - Sub Total: Total the dollar expenditure expected for each line.
 - Grand Total: List the grand total for the trip. (The sum of the sub totals for Private Fund, State/Fed Fund, Personal Fund and Other Fund.)
11. Persons Accompanying Employee: If other parties, including other state employees, are accompanying the traveler, state their name(s), Titles, and Relationship (whether a personal or business relationship).
 - Non-Business Component of Travel: Explain if personal travel will extend or is included in this trip, also if spouse, family, or others will participate, state briefly the nature of the travel. If not applicable, check "Not Applicable."
12. Privately Subsidized Travel Information: If this trip is being subsidized or partially subsidized by a private party, describe in the categories provided, the necessary information of the private party subsidizing the travel for official purposes, and explain what their connection is with the Commonwealth. If travel is not being privately subsidized, check "Not Applicable."
13. Certifications and Authorizations: This section has up to three signature requirements.
 - a) When Travel is privately subsidized, the Traveler must sign the certification.
 - b) The Department Head or delegate should check the box indicating that he or she is authorized by the Cabinet Secretary to grant final approval for out-of-state travel, then Approve, Disapprove, or Approve with Modifications the travel request on this form. The Department Head may make changes to the document, or refer to the modifications to be made in the space provided as necessary.
 - c) The respective Cabinet Secretary must sign this form when privately subsidized travel is authorized. The Cabinet Secretary must also sign this form if general travel authorization is not Delegated to the respective Department Head (see above).